

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

IND

DEP

IND

DEP

IND

DEP

IND

DEP

IND

DEP

IND

DEP

1

1

2

1

3

1

4

2

5

2

6

2

7

1

8

1

9

1

10

2

11

1

12

1

13

1

14

1

15

1

16

1

17

1

18

1

19

1

20

1

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44

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48

49

50

2

11

33

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS